

# INSTRUCTIONS

## National Library of Medicine Associate Fellowship Program

### PLEASE READ CAREFULLY BEFORE BEGINNING APPLICATION

The NLM Associate Fellowship Program application consists of the application form and the four parts listed below. All materials **MUST BE TYPED**. Your name and Social Security number must appear on each page. Materials submitted are non-returnable.

- Parts:
1. Structured résumé
  2. Reference form
  3. Narrative questions
  4. Official transcripts for undergraduate and graduate degrees

#### Part 1. Structured Résumé

See attached description of sections which must be included. Include each section listed and no more.

#### Part 2. References

- a. Contact **THREE** persons who can assess your character and abilities and provide them with the enclosed form. If you are a recent graduate, one should be a faculty member from the library school you attended. The others should be selected from faculty, employers, or other library/information professionals.
- b. On the application form, list each reference's name, title, address, phone number, and e-mail address. Indicate for how long and in what capacity you have known this reference.

#### Part 3. Narrative Questions

Develop a narrative statement for each question. At the top of the page for each answer, type your name and Social Security number. Then, type the question to which you are responding in bold type. The narrative statements will be evaluated on content and writing skills.

#### Part 4. Official Transcripts

(ORDER IMMEDIATELY AND SPECIFY THE FEBRUARY 1, 1999 DEADLINE)

- a. Direct colleges and universities to forward one *official transcript* for each undergraduate and graduate degree earned or about to be earned.
- b. One transcript is acceptable for multiple degrees earned from the same institution.
- c. If transcripts will run late, send student copies for now. However, please note that official transcripts will be required to complete your application.

**SUBMIT THE APPLICATION TO:**

NLM Associate Fellowship Program  
Science and Engineering Education  
Oak Ridge Institute for Science and Education  
P. O. Box 117, MS 36  
Oak Ridge, Tennessee 37831-0117

Overnight Address: 200 Badger Avenue, Oak Ridge, Tennessee 37830

FAX Number: (423) 241-5220

**DEADLINE: February 1, 1999**

**NOTE:** Applications, including transcripts, are due to ORISE by February 1, 1999. This includes all parts of the application received from other sources. Only typed and complete applications will be reviewed. The receipt of the application materials will be acknowledged by February 15, 1999. Final selection for the 1999/00 Associate Fellowship Program will be made by May 21, 1999. Please use overnight express mail if filing near the deadline.

## APPLICATION

## National Library of Medicine Associate Fellowship Program

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Enclosures \_\_\_\_\_

☐ Structured Resume

☐ Reference List

☐ Narrative Questions

☐ I am interested in an optional second year.

☐ I have requested transcripts from (list below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference Information:** List three persons whom you have asked to complete the attached reference form. Include their name and title, address, phone number, and e-mail address. Also include how long and in what capacity you have known each.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## **STRUCTURED RÉSUMÉ**

## **National Library of Medicine Associate Fellowship Program**

---

**Instructions:** Your structured résumé must address each of the following sections in the prescribed order, if applicable. Each heading should be in bold type. If a heading is not applicable, you must still list it, but indicate N/A below the heading.

Continuation pages must have your name and Social Security number in the top right hand corner.

**Name**

**Address**

**Phone**

**E-mail**

**Social Security Number**

**Date of Birth**

**Educational Information** (From latest to earliest. Include years attended, date of graduation, and major area of study. List expected graduation date if applicable.)

**Summary of Significant Work Experience** (From latest to earliest. Indicate type of employment, e.g., salaried, hourly, practica, volunteer, and number of hours/week.)

**Job title**

**Organization/Company**

**Dates**

**Number of hours per week**

**Supervisor's name and phone number**

**Primary duties and responsibilities**

**Honors and Achievements**

**Publications/Presentations**

**Professional Development** (Include CE courses, special training.)

**Professional Memberships** (Include student organizations, positions held.)

**Foreign Language and Computer Skills**

**Courses in progress not reflected on transcripts**

---

**SEND TO:** NLM Associate Fellowship Program; Science and Engineering Education Unit; Oak Ridge Institute for Science and Education; P.O. Box 117, MS 36; Oak Ridge, Tennessee 37831-0117.

Telephone Number: (423) 241-3319 FAX Number: (423) 241-5220

## REFERENCE FORM

## National Library of Medicine Associate Fellowship Program

Please type or print clearly and return to the Oak Ridge Institute for Science and Education (fax number below). References are due as soon as possible.

Applicant's Name \_\_\_\_\_  
(last, first, middle)

How long and in what capacity have you known the applicant?

Length of time \_\_\_\_\_ Faculty advisor ( ) Other ( )

In a group of 100 other library school students or librarians of comparable experience, how would you rate the applicant with respect to the following characteristics:

	Below average	Average	Above average	Outstanding	Superior	Inadequate opportunity to observe
Motivation toward a successful, productive career						
Growth during total period observed						
Fertility of imagination; originality of thought						
Emotional stability and maturity						
Ability to work with others						
Mastery of fundamental knowledge in field						
Ability to communicate information (written-oral)						
Self-reliance and independence						

(Optional) On another sheet, add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, and ability/potential for research. Please comment on challenges as well as strong points.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or printed name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Return to: Barbara Dorsey  
Phone: (423) 576-9975  
FAX: (423) 241-5220

**NARRATIVE QUESTIONS**

Please develop narrative statements for the following questions. Begin each question on a new page. At the top of the page for each answer, type your name and Social Security number. Then, type the question to which you are responding in bold type, followed by your narrative. The narrative statements will be evaluated on content and writing skills and should not exceed 500 words.

1. What do you hope to gain by participating in the NLM Associate Fellowship Program?
2. If selected, what will you bring to the NLM Associate Fellowship Program?

---

**SEND TO:** NLM Associate Fellowship Program; Science and Engineering Education Unit; Oak Ridge Institute for Science and Education; P.O. Box 117, MS 36; Oak Ridge, Tennessee 37831-0117.  
Telephone Number: (423) 241-3319 FAX Number: (423) 241-5220